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REVIEW OF POPULATION TRENDS, POLICIES AND PROGRAMMES: MONITORING OF WORLD POPULATION TRENDS AND POLICIES

Concise report on the monitoring of world population trends and policies

Report of the Secretary-General

SUMMARY

The Population Division of the Department for Economic and Social Information and Policy Analysis of the United Nations Secretariat has been undertaking a series of biennial reviews of population trends and policies pursuant to a recommendation of the World Population Plan of Action adopted at Bucharest in 1974, which was reaffirmed by the International Conference on Population at Mexico City in 1984. At its twenty-seventh session, held in March 1994, the Population Commission requested the Secretary-General to prepare an addendum to the eighth concise report on the monitoring of population trends and policies, which was before it at that session (E/CN.9/1994/2), bearing in mind the relatively short time span between the Commission's twenty-seventh and twenty-eighth sessions. The purpose of the present report is to reflect the latest additional information on world population trends and policies and the relationships between population and the environment.

Section I provides a summary of the latest information about population size and growth, mortality, fertility, population distribution and international migration in all countries (paras. 1-106). Section II examines the linkages between population and the environment, focusing on population and land-carrying capacity (paras. 107-112).

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I. POPULATION TRENDS AND POLICIES

A. Population size and growth

1. Trends

1. At mid-1994, world population stood at 5.63 billion persons (table 1). During the preceding 12 months, population grew by 86 million persons, and is expected to grow by an additional 87 million during the next 12 months. Currently, 4.47 billion persons - 79 per cent of the world population - live in the less developed regions. The total population size in the more developed regions is 1.16 billion.

Table 1. World population, past estimates and medium-variant projections

Year	Population (billions)
1950	2.52
1990	5.28
1994	5.63
2000	6.16
2015	7.47
2025	8.29
2050	9.83

Source: World Population Prospects: The 1994 Revision (United Nations publication, forthcoming).

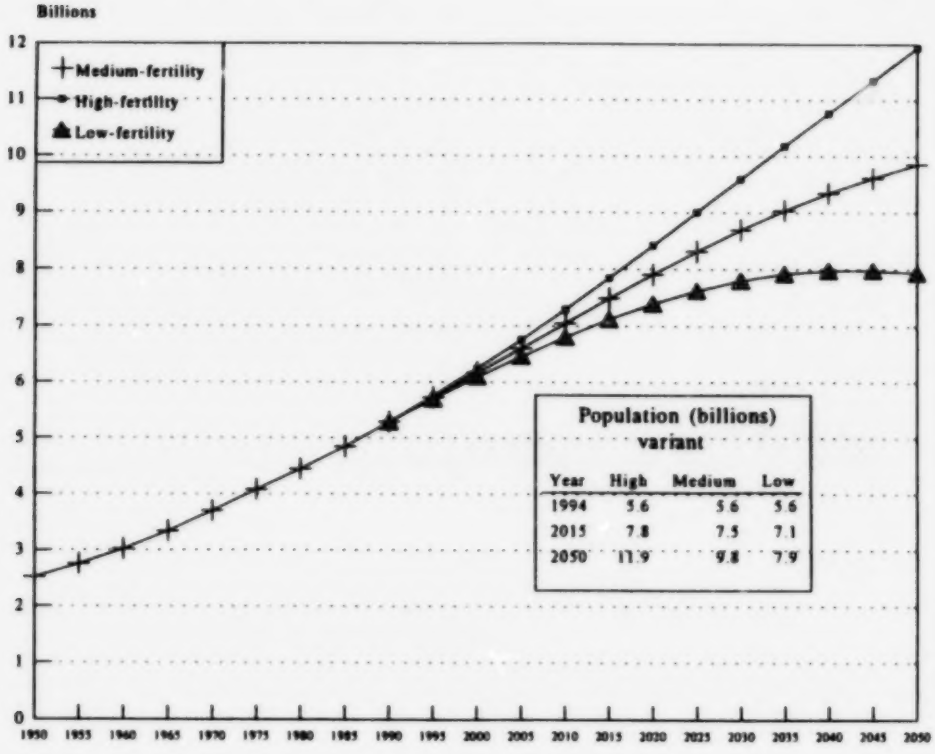
2. Between 1990 and 1994, world population grew at 1.57 per cent per annum, significantly below the 1.73 per cent per annum at which population had been growing for the past decade and a half. The current population growth rate is the lowest recorded since the Second World War and marks the resumption of the trends of declining growth rates that prevailed from the mid-1960s to the mid-1970s.

3. United Nations medium-fertility-variant projections indicate that the population growth rate will continue declining, to 1.33 per cent per annum in 2000-2010, 1.15 per cent in 2010-2020, 0.95 per cent in 2020-2030, 0.72 per cent

in 2030-2040 and 0.54 per cent in 2040-2050. Consequently, the world population is projected to reach 7.5 billion in 2015 and 9.8 billion in 2050 (figure I).

Figure I. World population growth, 1950-2050

(Estimates and medium-, high- and low-fertility variants)



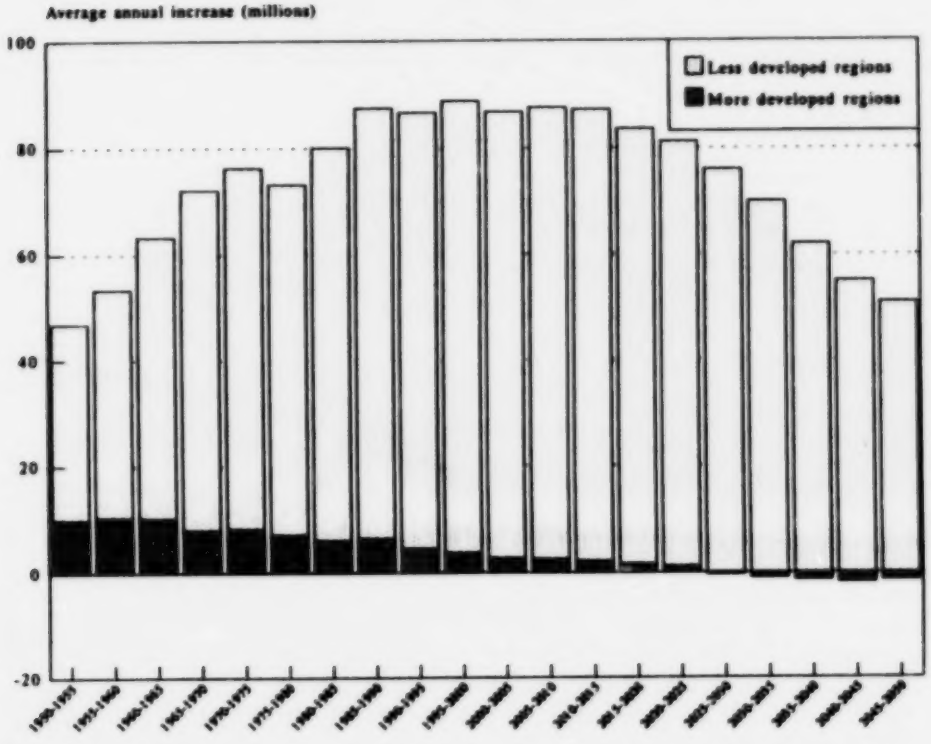
Population (billions)
variant

Year	High	Medium	Low
1994	5.6	5.6	5.6
2015	7.8	7.5	7.1
2050	11.9	9.8	7.9

Source: World Population Prospects: The 1994 Revision (United Nations publication, forthcoming).

4. Despite the decline in the rate of growth, the annual increment to the world population will remain steady between 86 million and 88 million per annum through 2015. The annual increment will decline thereafter to 75 million between 2025 and 2030 and 49 million between 2045 and 2050 (figure II).

Figure II. Average annual increase of population, world and more developed and less developed regions, 1950-2050



Source: World Population Prospects: 1994 Revision (United Nations publication, forthcoming).

5. Between 1950 and 1994, the population of the less developed regions increased by 161 per cent compared to an increase of 43 per cent for the more developed regions. Between 1990 and 1995, the population of the less developed regions grew at 1.9 per cent per annum. During that period, the population of the more developed regions grew at 0.4 per cent per annum (table 2). According to the medium-variant projections, the population of the less developed regions will increase by a further 93 per cent between 1994 and 2050. The population of the more developed regions is expected to increase by 4 per cent between 1994 and 2050 - the combination of an increase of 6.5 per cent between 1994 and 2025 and a projected population decline of 2.5 per cent between 2025 and 2050. By 2045-2050, the population growth rate is projected to be 0.6 per cent for the less developed regions and actually negative for the more developed regions.

Table 2. Population growth rate of the world, more developed and less developed regions, and major areas

	1950-1955	1990-1995	2045-2050
World	1.8	1.6	0.5
More developed regions	1.2	0.4	-0.1
Less developed regions	2.1	1.9	0.6
Least developed countries	1.9	2.8	1.1
Africa	2.2	2.8	1.1
Asia	1.9	1.6	0.4
Europe	1.0	0.1	-0.3
Latin America and the Caribbean	2.7	1.8	0.5
Northern America	1.8	1.1	0.1
Oceania	2.2	1.5	0.4

Source: World Population Prospects: The 1994 Revision (United Nations publication, forthcoming).

6. The substantial consequences of the diversity of population growth rates is perhaps best illustrated by examining the average annual increments to the total population of the more developed and the less developed regions. Between 1950 and 1955, the annual increment of world population was 47 million persons per annum. Of this total, 21 per cent originated in the more developed regions and 79 per cent in the less developed regions. By 1990-1995, 5 per cent of the annual increment originated in the more developed regions, while 95 per cent originated in the less developed regions. And by 2045-2050, the population of the more developed regions is expected to be actually declining in size so that all of the net population increment will be accounted for by the less developed regions.

7. The 47 least developed countries are characterized by higher fertility, higher mortality and higher population growth rates than the other countries of the less developed regions. Between 1950 and 1994, the population of these countries increased by 191 per cent, compared to 158 per cent for the other countries in the less developed regions. And by 1994, 559 million persons lived in the least developed countries. Between 1990 and 1995, the population growth rate of the least developed countries was 2.8 per cent per annum, a full percentage point greater than that of the other countries in the less developed

regions. In fact, during that period, the 47 least developed countries accounted for 18 per cent of total world population growth.

8. Population distribution and population growth differ markedly among the major areas of the world, both historically and currently. Between 1950 and 1994, the population of Africa grew from 224 million to 708 million persons. Africa's average increase of 2.7 per cent per year (217 per cent growth in total) represented the fastest rate of population growth during that 44-year period. The populations of Latin America and Asia have also grown at more than 2 per cent per annum since 1950. Growing at a rate of 2.4 per cent, the population of Latin America rose from 166 million in 1950 to 474 million in 1994. The population of Asia has grown at 2 per cent per annum from 1950 to 1994 and totalled 3.4 billion in 1994. The population of Europe grew by 0.6 per cent per annum. Europe is the only major area whose growth rate was under 1 per cent per annum during the period 1950-1994.

9. Africa continues to exhibit the most rapid current population growth rate - 2.8 per cent per annum in 1990-1995. Latin America and the Caribbean is growing a full percentage point slower (at 1.8 per cent per annum). Asia is growing at 1.6 per cent per annum, Oceania at 1.5 per cent and Northern America at 1.1 per cent.

10. The major area whose population is growing slowest is Europe, where population is nearly stationary. The four regions of Europe have experienced very different recent trends in population growth. Western Europe is exhibiting the highest annual population growth rate among the more developed regions - 0.55 per cent per annum during 1990-1995. The current growth rate is higher than that exhibited during 1980-1985 (0.14 per cent) or 1985-1990 (0.49 per cent); the rising growth rate for Western Europe is mainly due to increasing numbers of migrants entering the region (particularly into Germany). In contrast, the population growth rate of Eastern Europe turned negative during the period 1990-1995 - those have been years of out-migration, sharp fertility declines and rising or stagnant mortality for a number of Eastern European countries. Southern Europe has exhibited a downward trend in the rate of population growth during the past decade and a half; from an average annual rate of growth of 0.8 per cent per annum in 1975-1980, the population growth rate declined to 0.4 per cent in 1980-1985, 0.3 per cent in 1985-1990 and 0.1 per cent in 1990-1995. The dramatic decline in total fertility rate of Southern Europe from 2.3 children per woman in 1975-1980 to 1.4 children in 1990-1995 has been a key factor in the region's slow rate of growth. The population growth rate in Northern Europe stands at 0.3 per cent per annum, similar to that in 1985-1990 and slightly higher than the 0.2 per cent per annum exhibited in 1975-1985. These trends are consistent with movements in fertility; data show that fertility levels bottomed out in Northern Europe at 1.81 children per woman in 1975-1985 and rose slightly to 1.84 in 1985-1995.

11. Of the 86 million persons added annually to the world population during 1990-1995, 74 million (88 per cent) are being added in Asia and Africa. Of those two major areas, 55 million (63 per cent) are being added to Asia (in which 13 million are in China and 17 million in India).

12. The medium-variant projections indicate that the population of Africa will increase by more than 200 per cent between 1994 and 2050. The projected 2.1 billion people in 2050 will be three times its 1994 population and almost 10 times its 1950 population. The projected African population growth rate is far greater than that projected for any other major area. Between 1994 and 2050, the population of Latin America and the Caribbean is projected to increase by 77 per cent, the population of Asia by 69 per cent and the population of Northern America by 34 per cent. The population of Europe is projected to decline by 7 per cent between 1994 and 2050.

2. Policies

13. The International Conference on Population and Development, held in Cairo in September 1994, fuelled a process of increased political attention to population issues. Many Governments have clarified their positions in regard to population issues. Moreover, Governments of the many newly independent countries have begun to formulate policies in regard to demographic matters, after a period of adjustment and stabilization during which demographic issues were not a priority.

14. Another important element of change has been the onset of a decline in population growth in many countries that have been implementing policies to reduce population growth for a number of years. The positive results of those policies have induced many Governments to revise their policies on population growth and to readjust their objectives for future years.

15. The combined effect of these new elements has brought about changes in Governments' perceptions of population growth. As of 1994, 22 countries out of 190 (11.6 per cent) considered their population growth rates to be too low. Of the remaining countries, 90 considered their rate of population growth to be satisfactory and 78 considered it to be too high. Those figures show an interesting evolution over the past two decades; in particular, the decennial trend in regard to the number of Governments considering population growth to be too high and those considering population growth to be satisfactory appears to have been disrupted (table 3). While the percentage of countries that consider their rates of population growth to be too low has continued to decline, the number of Governments that view population growth as too high has decreased and the number of Governments that view population growth as satisfactory increased for the first time since 1974.

16. It is among the developing countries that most policy changes occurred. For the first time, a number of countries adjusted their population policy to respond to observed declines in population growth resulting in part from successful population policies. As a result, although the majority of developing countries still consider their rates of population growth to be too high, a number of countries have changed their position and now consider their population growth rates to be satisfactory. Among the developed countries, there has been little change. However, an increasing number of countries consider their rate of population growth to be too low and are concerned about declining fertility and population ageing.

Table 3. Governments' view of population growth rate, 1994

(Percentage)

Year	Too low	Satisfactory	Too high	Total	Number of countries
1974	25.0	47.4	27.6	100.0	156
1983	18.5	45.2	36.3	100.0	168
1986	16.5	45.3	38.2	100.0	170
1989	14.7	45.3	40.0	100.0	170
1991	13.8	43.7	42.5	100.0	174
1994	11.6	47.4	41.1	100.0	190

Source: The Population Policy Data Bank maintained by the Population Division of the Department for Economic and Social Information and Policy Analysis of the United Nations Secretariat.

17. In Africa, the overall trends have remained largely unchanged, with an increasing number of countries adopting population policies and intensifying their efforts to reduce population growth. Particularly interesting are the cases of Namibia, the Sudan and the United Republic of Tanzania, countries that officially inaugurated policies to reduce population growth.

18. Another interesting case is that of Tunisia, the first country in Africa to change its position on population growth as a result of the impressive progress achieved through its population policies. The Government is now satisfied with the declining trend of the country's rate of population growth.

19. In Asia, although a significant number of countries still consider their population growth rates to be too high, an increasing number of countries indicate satisfaction with their population growth rates. The most important change, in terms of the absolute size of the population concerned, is that of China. The positive results of China's population policy led the Government for the first time to officially report that its rate of population growth is satisfactory, although it warned that more rapid population growth could easily resume if the Government's current policies were relaxed. The Republic of Korea has also achieved impressive results and now views its population growth rate as satisfactory.

20. In Europe, an increasing number of countries are concerned with issues of ageing and population decline. Interesting policy changes occurred in Portugal and Romania, which now consider their population growth rates to be too low, and in Croatia, which inaugurated a policy to increase its rate of population growth through measures to increase fertility.

21. In Latin America, as in Asia, an increasing number of countries consider their population growth rates to be satisfactory. This trend is reinforcing the existing geographical pattern, according to which mainly the small, densely populated countries in the Caribbean, and a few countries in Central America, consider population growth to be too high, whereas almost all countries in South America consider their population growth to be satisfactory. As a result, the majority of countries in Latin America (55 per cent) consider their population growth rates to be satisfactory.

22. Little change occurred in the policies in the rest of the world. In Northern America, the United States of America and Canada remain satisfied with their population growth rates, as do Australia and New Zealand in Oceania. The majority of developing countries in Oceania consider their rates of population growth to be too high. An interesting exception is Tonga, where high rates of emigration led the Government to revise its policy designed to reduce the country's population growth rate. In Eastern Europe, four countries, Belarus, Bulgaria, Hungary and Ukraine consider their population growth rates to be too low. In the former USSR, the majority of the Governments are satisfied with their current population growth rates.

B. Mortality

1. Trends

23. Mortality is continuing to decline in most countries of the world. At the global level, life expectancy at birth reached 64.4 years in 1990-1995, an increase of 6.5 years since 1970-1975 (United Nations, forthcoming a). Life expectancy at birth in the more developed regions was 74.4 years, more than 12 years higher than in the less developed regions where it was 62.3 years, which was in turn 11 years higher than the average life expectancy, 51.2 years, for the least developed countries (table 4). Life expectancy is highest in the major area constituting Northern America (76.1 years), followed by Europe (72.9 years) and Oceania (72.8 years) and lowest in Africa (53.0 years). Asia and Latin America were in between, with life expectancy of 64.5 years and 68.5 years, respectively. In 1990-1995, there are four regions with an average life expectancy of below 60 years: Eastern Africa; Middle Africa; Western Africa; and Melanesia. The lowest life expectancies in the world are in Sierra Leone (39 years), Afghanistan (43 years) and Guinea-Bissau (43 years). It is estimated that, on average, life expectancy above 75 years has been reached in Northern Europe, Southern Europe, Western Europe, Northern America and Australia and New Zealand. Japan has the highest life expectancy in the world (79.5 years), followed by Hong Kong at 78.6 years and Sweden and Ireland, both at 78.2 years.

24. The gap in life expectancy at birth between Eastern, Middle and Western Africa on the one hand, and Northern and Southern Africa, on the other, has

increased over the past 20 years. The former regions have registered only a five-to-seven-year increase in life expectancy over the 20-year period, whereas in Northern and Southern Africa life expectancy rose by about 10 years over the period. Eastern, Middle and Western Africa have been worst hit by the acquired immunodeficiency syndrome (AIDS) epidemic, which accounts in part for the widening gap in life expectancy.

25. Among the regions in Europe, life expectancy increased by about three to five years between 1970-1975 and 1990-1995, except in Eastern Europe where life expectancy declined by about half a year between 1970-1975 and 1990-1995, from 69.4 years in 1970-1975 to 68.9 years in 1990-1995. Already by 1980-1985, a decline of life expectancy to 69 years was evident. These reductions can be largely attributed to an increase in death rates from cardiovascular diseases (World Bank, 1993). Between 1989 and 1993 a worsening of the situation was observed as death rates from cardiovascular diseases, cancer, digestive diseases, infectious diseases and external causes, including suicides and accidents, all increased (UNICEF, 1994). The worst affected have been men between the ages of 20 and 59 years.

26. Women can be expected to live about four years longer than men. For the world as a whole, life expectancy for men is 62.4 years, while that for women is 66.5 years (table 4). In the more developed regions, this male-female disparity is as high as 7.5 years, whereas in the less developed regions women live three years longer than men. In all the major areas of the world, except in Northern America, the gap between male and female life expectancy increased or stayed the same between 1970-1975 and 1990-1995. In Northern America, however, female life expectancy improved by four years over the past two decades while male life expectancy improved by five years, thereby decreasing the male-female gap from 7.7 years to 6.7 years.

27. South-central Asia has the lowest sex differential in life expectancy; male life expectancy is less than one year lower than female life expectancy. Male life expectancy in that region was 50.7 years in 1970-1975, 1.1 years higher than that for females at that time. Over the past 20 years, however, women made greater improvements in life expectancy than men so that by 1990-1995, female life expectancy was 0.7 years higher. Eastern Europe has the highest sex differential in life expectancy. Women in Eastern Europe, with a life expectancy of 74.1 years in 1990-1995, can expect to live 10.3 years longer than men; this differential has increased from 8.6 years in 1970-1975. The widening of the gap is caused mainly by a decline in male life expectancy, from 64.8 years in 1970-1975 to 63.8 years in 1990-1995, whereas female life expectancy increased from 73.4 years to 74.1 years over the same period.

Table 4. Estimates of life expectancy, infant mortality and child mortality for major areas and regions of the world, for periods between 1990 and 1995

	Life expectancy			Infant mortality rate	Child mortality (probability of dying by age 5)
	Both sexes	Male	Female		
World	64.4	62.4	66.5	64	86
More developed regions	74.4	70.6	78.1	10	13
Less developed regions	62.3	60.8	63.8	70	95
Least developed countries	51.2	50.1	52.3	110	163
Africa	53.0	51.5	54.6	93	144
Eastern Africa	49.7	48.2	51.1	106	160
Middle Africa	51.3	49.7	53.0	95	149
Northern Africa	62.2	60.9	63.5	67	87
Southern Africa	62.6	59.8	65.6	54	86
Western Africa	49.8	48.3	51.3	97	164
Asia	64.5	63.1	65.9	65	83
Eastern Asia	69.7	67.6	71.9	41	44
South-central Asia	60.3	60.0	60.7	83	114
South-eastern Asia	63.6	61.7	65.5	55	71
Western Asia	66.5	64.7	68.5	57	70
Europe	72.9	68.9	77.0	12	15
Eastern Europe	68.9	63.8	74.1	18	21
Northern Europe	75.7	72.7	78.7	8	9
Southern Europe	76.2	73.0	79.3	11	14
Western Europe	76.5	73.0	79.7	7	8
Latin America	68.5	65.9	71.2	45	56
Caribbean	69.2	67.0	71.4	42	54
Central America	69.9	67.1	72.8	38	50
South America	67.9	65.2	70.6	48	60
Northern America	76.1	72.7	79.4	9	10
Oceania a/	72.8	70.2	75.5	27	34
Australia-New Zealand	77.3	74.3	80.3	7	9

Source: World Population Prospects: The 1994 Revision (United Nations publication, forthcoming).

a/ Includes Melanesia, Micronesia and Polynesia.

28. The infant mortality rate for the world as a whole was estimated to be 64 deaths per 1,000 births in 1990-1995 (table 4) and under-five mortality (the probability of dying by age 5) was 86 per 1,000 births. In the more developed regions, the infant mortality rate was 10 and the probability of dying by age 5 was 13 per 1,000 births, but the corresponding rates were seven times as large, 70 per 1,000 births and 95 per 1,000 births, respectively, in the less developed regions. Although the difference in infant mortality rates between the more developed and the less developed regions has declined from 83 points in 1970-1975 to 60 in 1990-1995, the ratio of infant mortality in the less developed regions to that in the more developed regions has increased from about 5:1 in 1970-1975 to about 6:1 in 1980-1985 and has reached 7:1 in 1990-1995.

29. During 1990-1995, infant mortality is estimated to be above 60 in two major areas: Africa, with a rate of 93 deaths per 1,000 live births, and Asia, with 65 per 1,000 live births. Infant mortality rates were on average greater than 60 per 1,000 live births in South-central Asia and in all of the African regions, except Southern Africa. At the other extreme, infant mortality rates were below 10 per 1,000 in Northern Europe and Western Europe, Northern America, and Australia and New Zealand.

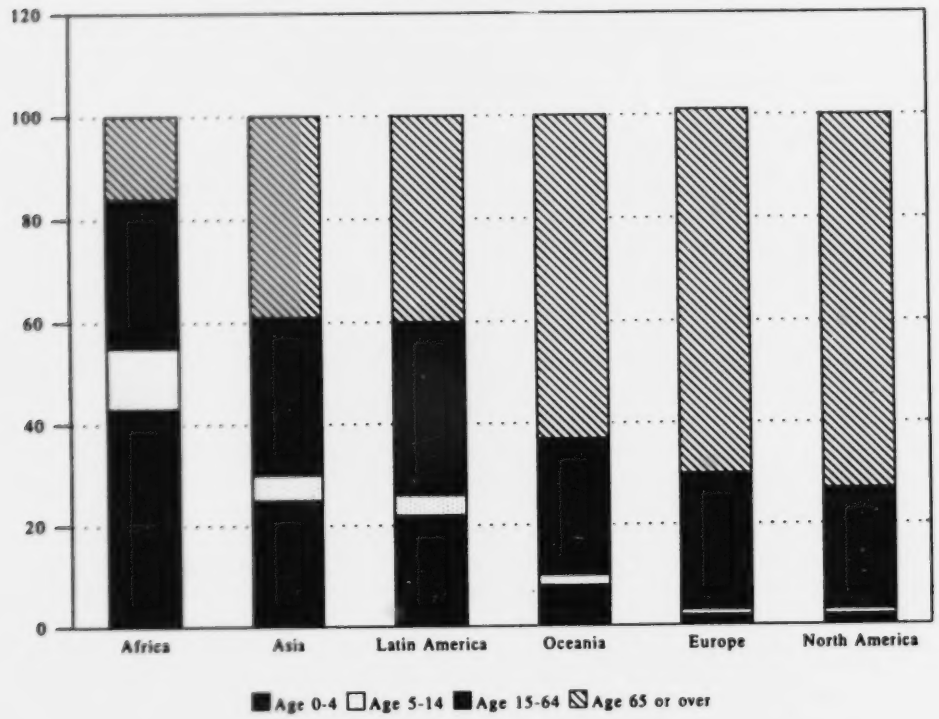
30. Although the average infant and child mortality rate for Africa as a whole was the highest in the world during 1990-1995, important progress has been made in the reduction of childhood mortality rates in Africa over the past two decades. Africa's average infant mortality rate fell by 38 infant deaths per 1,000 births from 1970-1975 to 1990-1995, the largest absolute decrease among all major areas in the world. Most notable is the decline in Northern Africa where infant mortality fell from 132 to 67 deaths per 1,000 births. However, there are some countries in sub-Saharan Africa where infant and child mortality have remained virtually stagnant or have even increased, as in Zambia during the 1980s. The lack of improvement in child survival in those countries is a consequence of several contributing factors including internal conflict, economic setbacks, drought and famine (Jolly, 1993) and the high incidence of human immunodeficiency virus (HIV) infection and AIDS.

31. According to World Health Organization (WHO) reports, Africa is still the major area most affected by the AIDS epidemic (Mertens and others, 1994). As of the beginning of 1994, nearly two thirds (about 9 million adults) of all cumulative cases of HIV infection have occurred in Africa. However, the epidemic is expanding rapidly in some parts of South and South-eastern Asia and, if the current rate of infection continues, the annual number of new infections in Asia is expected to surpass that of Africa. WHO estimates that there were more than 2 million AIDS cases in Africa as of the end of 1993, constituting about 67 per cent of the total cumulative number of cases in the world. Thirteen per cent occurred in the United States, 12 per cent in Latin America and the Caribbean, and 5 per cent in Europe. Because the epidemic started relatively recently in Asia, only 2 per cent of the AIDS cases in the world occurred in Asia.

32. It is estimated that 256 million deaths will occur in the world as a whole between 1990 and 1995. In the more developed regions, the majority, 72 per cent, of all deaths occur at ages 65 or over, while only 3 per cent of all deaths occur at ages 0-14 years. In contrast, in the less developed regions, 33 per cent of deaths occur at ages 65 or over and 37 per cent to persons aged 0-14 years. In Africa, the combination of a young age structure and a high level of mortality results in a large proportion of deaths (43 per cent) occurring to children below the age of five years (see figure III). The age distribution of deaths in Asia and Latin America reflects the effects of the transition from high mortality and a young age structure to low mortality and an old age structure. In Asia and Latin America, one quarter and just over one fifth, respectively, of all deaths occur at under age 5 years and about two fifths at ages 65 years or over. In Europe, Northern America and Australia-New Zealand nearly three quarters of all deaths occur at ages 65 or over, while only about 3 per cent of all deaths occur at younger ages.

Figure III. Deaths by age, 1990-1995

The world and major areas



2. Policies

33. Despite the considerable progress that humanity has made in combating morbidity and mortality, the percentage of countries that consider their level of mortality to be unacceptable has decreased very little during the period 1976-1993, from 62.8 to 62.1 (table 5). As of 1993, 118 out of 190 countries regarded their present level of life expectancy as unacceptable. Those expressing such a view constituted two thirds of the Governments in the less developed regions and almost half (46.4 per cent) in the more developed regions. Among that half, two thirds were countries with economies in transition.

Table 5. Governments' views of acceptability of mortality level, by level of development, 1993

(Percentage of countries)

Level of development	Acceptable	Unacceptable	Total	Number of countries
World	37.9	62.1	100.0	190
Developed countries	53.6	46.4	100.0	56
Developing countries	31.3	68.7	100.0	134

Source: The Population Policy Data Bank maintained by the Population Division of the Department for Economic and Social Information and Policy Analysis of the United Nations Secretariat.

34. All of the Governments of countries where the expectation of life is less than 50 years (23 countries in Africa and 4 in Asia) view this condition as unacceptable. At the other end of the spectrum, where expectation of life is 70 years or more, the Governments of 22 out of 74 countries still consider that expectation of life to be unacceptable. Obviously, the target level of countries with regard to life expectancy is increasing.

35. In the developed countries, policy concerns have focused on the health needs of the growing elderly populations and on diseases connected with individual lifestyles and environmental conditions, such as cardiovascular diseases, diabetes and cancer. Many countries with economies in transition are particularly concerned with rising mortality among infants and males in the economically active ages. The current health situation in those countries has been adversely affected by the complex economic situations. Difficulties exist in providing adequate social protection and health care because of structural

changes in those sectors and widespread disruption of supplies of medical equipment and medicine.

36. Among the developing countries, population policies have addressed morbidity and mortality levels, as many countries have adopted the WHO policy of health for all by the year 2000 and focused on the improvement of the quality and quantity of health services; the prevention, control and treatment of major communicable diseases; the improvement of the nutritional status of the population, especially that of mothers and children; and adequate production, supply and distribution of essential drugs and vaccines. Encouraging progress has been made in such areas as poliomyelitis eradication; the control of respiratory infections; and the reduction of pertussis and tetanus owing to a rapid increase in coverage by immunization programmes.

37. Infectious and parasitic diseases, however, account for almost half of all deaths occurring in the developing countries. Large numbers of people in Africa, Latin America, Asia and Oceania are afflicted by malaria. Schistosomiasis, which ranks second (after malaria) among the major tropical diseases, is currently endemic in 76 tropical developing countries, afflicting an estimated 200 million people and threatening another 500-600 million. Although schistosomiasis can now be controlled, efforts are impeded by the high cost of the drugs required to control it in relation to the limited financial resources of the affected countries. Diarrhoeal diseases remain a major cause of morbidity and mortality among infants and young children in the developing countries.

38. According to the Seventh United Nations Population Inquiry among Governments, 90 out of 127 countries considered current infant mortality to be unacceptable; 73 of those countries were in the less developed regions. Among the countries responding to the Seventh Inquiry, 64 have adopted quantitative targets for reducing mortality. For 33 countries, the target was expressed in terms of infant mortality rate.

39. Child survival is closely linked to the reproductive health of mothers. Maternal mortality is also high in many parts of the developing world. In many countries, safe motherhood has been accepted as a strategy to reduce maternal morbidity and mortality. The Programme of Action adopted at the International Conference on Population and Development in Cairo in 1994 urged all Governments and relevant intergovernmental and non-governmental organizations to strengthen their commitment to women's health and to deal with the health impact of unsafe abortion. It emphasized that programmes to reduce maternal morbidity and mortality should include information and reproductive health services, including family planning.

40. In Africa, during the past decade, war and internal strife in many countries have disrupted desperately needed health-care systems and supplies. Drought, famine and poor sanitation are other factors contributing to poor

health conditions. Forty-six of the 53 countries in the region (86.8 per cent) consider the present expectation of life at birth to be unacceptable. Many Governments have set quantitative targets for mortality levels, some planning to reduce mortality by as much as 50 per cent by the year 2000. Two population groups whose mortality levels are of particular concern in most African countries are infants and children under the age of five, and women of child-bearing age. Conditions or diseases that are of major concern to the majority of countries in Africa include cholera, respiratory infections, AIDS, malaria, schistosomiasis and malnutrition, as well as, to a lesser extent, complications related to pregnancy, tuberculosis, measles and diseases of early childhood.

41. Although many countries in Asia have had significant improvements in health-care services, particularly in immunization, almost two thirds (63 per cent) of Governments in the region view their levels of mortality as unacceptable. The region has been experiencing a rapid rise in lifestyle-related diseases and pressing environmental health issues. Diseases of the heart and vascular system pose a major health challenge in most parts of the region. Conditions or diseases that are of major concern to the majority of countries include diarrhoea, respiratory infections, nutritional problems in children, complications related to pregnancy, communicable diseases, malaria, tuberculosis and AIDS.

42. In Latin America, where 45 per cent of countries consider their current levels of mortality to be unacceptable, all countries have adopted national health policies and strategies that are consistent with the strategy of primary care and health for all. However, the adjustment of those policies and strategies has been limited by financial, human and material restrictions, as well as, in some countries, by political and social instability.

43. The countries in the European region are primarily concerned with cardiovascular diseases, cancer, malignant neoplasms and AIDS. Many European countries have health promotion programmes aimed at promoting healthy lifestyles and eliminating or reducing preventable conditions. In recent years, tuberculosis has been making a comeback in a number of Western European countries, particularly among underprivileged groups. All countries of Eastern Europe, except Belarus, consider their mortality levels to be unacceptable. The diphtheria epidemic that began in Russia and Ukraine in 1990 is spreading to neighbouring countries. A surge in deaths, particularly among adult men, has been observed in most Eastern European countries. In the working ages, male mortality is four to five times higher than female mortality in all the territories of the Russian Federation; accidents, poisoning and injuries are reported to be first among causes of death in that age group.

44. In Oceania, 11 of 13 countries consider their level of mortality as unacceptable. Among the leading causes of death are heart disease, malignant neoplasms, accidents and cerebrovascular diseases; some countries also report high incidence of diarrhoeal diseases, intestinal infectious diseases,

respiratory diseases, diabetes and sexually transmitted diseases. In some areas, malaria, tuberculosis, hepatitis, measles and meningitis, as well as high perinatal mortality, are also quite common.

45. A health concern common to both the developed and the developing countries is the spread of AIDS. Of the 127 countries for which information is available from the Seventh United Nations Population Inquiry, 89 Governments reported that AIDS was a major concern. This viewpoint was expressed by 60 per cent of the developed countries and 74 per cent of the developing countries; 121 out of 127 Governments had adopted measures to reduce AIDS. Many Governments have established AIDS committees and AIDS control and prevention programmes. Governments also have emphasized information, education and communication programmes, training of health workers, epidemiological surveillance of AIDS cases, systematic testing of blood donors, promotion of the use of condoms and screening of high-risk groups. Some Governments, mostly in Asia, have placed restrictions on the entry into their countries of persons infected with the AIDS virus.

46. In their responses to the Seventh Inquiry, as well as in statements made at the International Conference on Population and Development, many Governments of both the more developed and the less developed regions expressed concern about unequal access to health care and the resulting unequal health status among different social, ethnic and regional groups. The number one objective in the area of health and mortality put forward by the Conference in the Programme of Action was to increase the accessibility, availability, acceptability and affordability of health-care services and facilities to all people. Consequently, all countries should make access to basic health care and health promotion the central strategies for reducing mortality and morbidity. As the Programme of Action declares, efforts to ensure a longer and healthier life for all should emphasize the reduction of morbidity and mortality differentials between males and females as well as among geographical regions, social classes and indigenous and ethnic groups.

C. Fertility

1. Trends

47. Estimates for the decade 1980-1985 and 1990-1995 suggest that the average total fertility rate (TFR) in the world as a whole has continued to decline and at a somewhat faster pace during the most recent five years than in the past. During the decade, the world TFR fell by 13.9 per cent, from 3.6 to 3.1 births per woman. The world average, however, conceals large differences in fertility patterns experienced in different countries and regions of the world. Indeed, during the period 1990-1995, the average TFR for the more developed regions was only 1.7 births per woman as compared to 5.8 births for the group of least developed countries (see table 6), a disparity that strongly reflects the

differences in levels of social and economic development and contraceptive prevalence experienced in those two groups of countries.

48. When considering the less developed regions alone, estimates show that fertility remains relatively high in many countries. Fertility continues to be highest in Africa. The African TFR in 1980-1985 was almost twice as high as in the other less developed regions: 6.3 births per woman in Africa as compared to 3.8 in Latin America and 3.7 in Asia. By 1990-1995, despite a slow but continuous decline observed in Africa, its TFR is still estimated to be as high as 5.8, compared to 3.1 in Latin America and 3.0 in Asia. The small decennial decline of 7.9 per cent during that period is less than half the decline in Asia and Latin America (see table 6).

49. Within Africa, large regional differences prevail. Middle, Eastern and Western Africa are the three areas with the highest fertility, where women have 6.5 births on average and where, during the current decade, fertility barely declined: 5.8 and 3.0 per cent respectively in Eastern and Western Africa and not at all in Middle Africa. Conversely, in Northern and Southern Africa, TFR is much lower, 4.2 births per woman, a decline of 25.0 per cent (the largest reduction in the world during the decade) and 14.0 per cent respectively during the same time-span (see table 6). Differences in modernization, economic development, social change and contraceptive use (see table 7) obviously underlie those different patterns of fertility change.

50. The results from a large number of recent demographic surveys now allow a better assessment and a better understanding of the fertility patterns of African countries. While in the 1970s, the high African fertility rate was sustained by sub-Saharan countries where fertility exceeded seven or even eight births per woman, in the 1990s most of those countries experienced substantial fertility declines, notably Kenya, where TFR of 8.0 in 1977/1978 fell to 5.4 in 1990-1993 and Rwanda, where TFR of 8.5 in 1978-1983 fell to 6.2 in 1989-1992. However, most of the recent lower rates of sub-Saharan Africa are found in countries that started their fertility transition in the 1980s. The sharpest reductions in TFR were experienced in Northern Africa, notably in Algeria, where TFR fell from 8.1 in 1970 to 4.4 in 1987-1992. In Egypt and Morocco, fertility also fell to levels below 5.0, and in Tunisia to as low as 3.3 in 1992. The lowest TFR in Africa, 2.3, is observed in Mauritius in 1990; the highest, 7.4, actually the second highest in the world, is in the Niger (United Nations, forthcoming a).

51. Asia and Latin America have experienced similar rates of fertility decline, about 18.0 per cent, during the current decade and are expected to reach similar TFRs in 1990-1995, 3.0 and 3.1 births per woman respectively. The subregional fertility patterns in those two regions are, however, quite different. In Asia, the overall average is the result of relatively large regional fertility differences. The differences in TFR in 1990-1995 exceed two births per woman, ranging from a below-replacement level of 1.9 in Eastern Asia to 4.4 and 4.1 in

Table 6. Estimated fertility rates and percentage change, world major areas and regions, 1980-1985, 1985-1990 and 1990-1995 a/

Major area and region	Total fertility rates b/			Percentage change		
	1980-1985	1985-1990	1990-1995	1980-1985 to 1985-1990	1985-1990 to 1990-1995	1980-1985 to 1990-1995
World total	3.6	3.4	3.1	-5.6	-8.8	-13.9
More developed regions	1.8	1.8	1.7	0.0	-5.6	-5.6
Less developed regions	4.2	3.8	3.5	-9.5	-7.9	-16.7
Least developed countries	6.4	6.0	5.8	-6.3	-3.3	-9.4
Africa	6.3	6.1	5.8	-3.2	-4.9	-7.9
Eastern Africa	6.9	6.7	6.5	-2.9	-3.0	-5.8
Middle Africa	6.5	6.5	6.5	0.0	0.0	0.0
Northern Africa	5.6	4.9	4.2	-12.5	-14.3	-25.0
Southern Africa	4.9	4.5	4.2	-8.2	-6.7	-14.3
Western Africa	6.7	6.6	6.5	-1.5	-1.5	-3.0
Asia	3.7	3.4	3.0	-8.1	-11.8	-18.9
Eastern Asia	2.4	2.3	1.9	-4.2	-17.4	-20.8
South-central Asia	5.0	4.5	4.1	-10.0	-8.9	-18.0
South-eastern Asia	4.2	3.7	3.3	-11.9	-10.8	-21.4
Western Asia	5.0	4.7	4.4	-6.0	-6.4	-12.0
Europe	1.9	1.8	1.6	-5.3	-11.1	-15.8
Eastern Europe	2.1	2.1	1.6	0.0	-23.8	-23.8
Northern Europe	1.8	1.8	1.8	0.0	0.0	0.0
Southern Europe	1.8	1.6	1.4	-11.1	-12.5	-22.2
Western Europe	1.6	1.6	1.5	0.0	-6.3	-6.3
Latin America	3.8	3.4	3.1	-10.5	-8.8	-18.4
Caribbean	3.1	2.9	2.8	-6.5	-3.4	-9.7
Central America	4.6	4.0	3.5	-13.0	-12.5	-23.9
South America	3.7	3.2	3.0	-13.5	-6.3	-18.9
Northern America	1.8	1.9	2.1	5.6	10.5	16.7
Oceania	2.6	2.6	2.5	0.0	-3.8	-3.8

Source: World Population Prospects: The 1994 Revision (United Nations publication, forthcoming), annex tables A.18 and A.19.

a/ Estimates for 1990-1995 are assumptions for the medium-variant projections.

b/ Number of births per woman.

Table 7. Percentage of couples currently using specific contraceptive methods, by region (based on the most recent available survey data: average date 1990)

Region	All methods (1)	Modern methods a/ (2)	Sterilization Female (3)	Sterilization Male (4)	Pill (5)	Injectable (6)	IUD (7)	Condom (8)	Vaginal barrier methods (9)	Rhythm (10)	Withdrawal (11)	Other methods (12)
Based on couples with women in reproductive ages												
World	57	49	17	5	8	1	12	5	1	3	4	1
Less developed regions	53	48	20	5	6	1	14	3	0.2	2	2	1
Africa	18	14	1	0.1	6	2	4	1	0.2	2	2	1
Northern Africa	38	35	2	--	18	0.3	14	1	0.3	2	1	0.3
Sub-Saharan Africa	12	8	1	0.1	3	2	1	0.5	0.1	2	1	1
Asia and Oceania b/	58	54	23	6	4	1	16	3	0.1	2	2	1
Eastern Asia b/	79	79	33	10	3	0.2	31	2	0.2	1	0.1	0.2
Other countries	43	36	15	4	6	2	5	4	0.1	3	3	1
Latin America/Caribbean	58	49	21	1	16	1	7	2	1	5	3	1
More developed regions c/	72	50	8	4	16	0.1	6	14	2	7	14	1
Based on contraceptive users												
World	100	86	30	8	14	2	21	9	1	6	7	2
Less developed regions	100	91	37	9	11	3	26	5	0.4	4	3	2
Africa	100	79	8	0.4	36	10	20	4	1	11	5	5
Northern Africa	100	91	5	--	46	0.1	36	3	1	5	3	1
Sub-Saharan Africa	100	68	10	1	27	17	8	4	1	16	7	8
Asia and Oceania b/	100	93	39	11	7	2	28	5	0.2	3	3	2
Eastern Asia b/	100	99	41	12	4	0.2	39	2	0.3	1	0.1	0.3
Other countries	100	84	36	9	13	5	11	9	0.1	6	7	3
Latin America/Caribbean	100	83	36	1	28	2	11	4	1	9	6	2
More developed regions	100	70	11	6	22	0.2	8	19	3	10	19	2

Source: Levels and Trends of Contraceptive Use as Assessed in 1994 (United Nations publication, forthcoming).

Notes: These estimates reflect assumptions about contraceptive use in countries with no data. A dash (--) indicates that the amount is nil or negligible.

a/ Includes methods in columns (3) through (9).

b/ Excluding Japan.

c/ Australia-New Zealand, Europe, Northern America, Japan and the former USSR.

Western Asia 1/ and South-central Asia 2/ respectively. Differences are even larger at the individual country level: Yemen's TFR of 7.6 for 1986/87-1991/92 is currently the highest in the world (United Nations, forthcoming c) while at the other extreme Japan reports a TFR of 1.5 in 1991. The overall decline of 18.9 per cent in Asia from 1980-1985 to 1990-1995 is a result of the rapid decline (20.8 per cent) of the highly populated/low-fertility countries of Eastern Asia (the latter decline is readily accounted for by the sharp fertility decline in China) and the smaller (12.0 per cent) reduction that took place in the high-fertility countries of Western Asia (see table 6).

52. In Latin America, regional average TFR levels are comparatively more uniform. In 1990-1995, they range from 2.8 in the Caribbean to 3.5 in Central America, a difference of less than one birth per woman. Deviations from this range are, however, found in some Caribbean islands such as Cuba and Martinique, where TFR (1.8 and 1.9 respectively) was below population replacement level in 1990. At the opposite end of the scale, Honduras, with a TFR of 5.1 in 1988-1991, currently experiences the highest fertility in the Latin American region (United Nations, forthcoming c). 3/ Central America experienced the largest fertility decline in Latin America (almost 24 per cent) during the current decade, with a decline in TFR of from 4.0 to 3.5.

53. In the more developed regions, the situation has changed little, overall. With average TFRs in the range of 1.8 to 1.7, the countries of the regions 4/ experienced below population replacement fertility during the current decade and only a slight decline in TFR of 5.6 per cent. However, major differences also exist within the more developed regions. In Europe, 5/ TFRs have continued to decline from 1.8 to 1.6 births per woman, corresponding to a reduction of about 16 per cent during the decade, reflecting the compensating effects of fertility trends in different European subregions. The average TFR remained constant in Northern Europe (at 1.8), whereas it decreased by over 20 per cent in Southern Europe, from 1.8 in 1980-1985 to 1.4 in 1990-1995. In Eastern Europe, TFR fell from 2.1 to 1.6 in the past five years and in Western Europe it declined from 1.6 to 1.5 during the same period (table 1). 6/ The somewhat higher fertility in Northern Europe is sustained mainly by higher fertility in the Scandinavian countries, notably in Sweden, where a return of its TFR to replacement level has been recorded in 1990, 1991 and 1992. The lowest European TFR is in Spain, 1.2 in 1992, and the highest in Albania, 3.0 in 1991 (Monnier and Guibert-Lantoine, 1993, table 3).

54. In Northern America, fertility is on an upward trend and TFRs evolved from 1.8 in 1980-1985 to an expected 2.1 in 1990-1995, representing an increase of about 17 per cent. In Australia-New Zealand (the developed countries of Oceania), fertility remained constant at 1.9 during the same period as compared to the whole of Oceania where TFRs still fluctuate at about 2.6-2.5 (table 6).

55. Although fertility change is also the consequence of social and economic changes affecting marriage, lengthy breast-feeding or other practices that directly influence pregnancy and birth, increased use of contraception is in general the most important proximate determinant of the long-term transition from high to lower levels of fertility in the developing regions at present. According to data available through mid-1994, 57 per cent of the world's couples with the wives in reproductive ages were currently using contraception -

72 per cent in the more developed regions and 53 per cent in the less developed regions. The average date of collection of these data is 1990. Based on the recent pace of change in contraceptive practice, the level of current use in the developing countries is likely to have reached 56 per cent in 1994. Regional differences remain large, with 18 per cent of couples estimated to be using a method in Africa, 79 per cent in the developing countries of Eastern Asia, 43 per cent in the remainder of Asia and 58 per cent in Latin America (table 7).

56. In the more developed regions, prevalence is above 55 per cent in all countries with data, and in most cases is in the range of 70-80 per cent. Some developing countries (including the largest, China) have attained such levels as well. Among the developing countries with populations of 100 million or more, the level of contraceptive use according to recent surveys was above 65 per cent in Brazil and China and was in the range of 40-50 per cent in Bangladesh, India and Indonesia, but remained below 15 per cent in Nigeria and Pakistan.

57. While there remain many countries in Africa and several in other regions where the level of use is still very low, most developing countries with trend data available have experienced a substantial recent increase in the level of contraceptive use. Even in sub-Saharan Africa, where average prevalence, at 12 per cent, is much lower than in other regions, recent surveys show an increase in levels of use in several countries, including Botswana, Kenya, Lesotho, Rwanda, South Africa and Zimbabwe.

58. A comparison based on surveys conducted around 1980 and 1990 shows that all but a few of the developing countries with trend data available experienced an increase in the level of contraceptive use during the period (United Nations, forthcoming b). Prevalence grew by at least one percentage point per annum in nearly two thirds of the developing countries, and annual increases in prevalence of two or more percentage points were recorded in Algeria, Bangladesh, Mexico, Republic of Korea, Sri Lanka and several Caribbean countries. The mean annual increase in prevalence in the developing countries was 1.2 percentage points. Rapid growth in the level of contraceptive use was most common in countries where prevalence had already begun to increase by the time of the earlier of the two times considered, but had not yet passed 50 per cent of couples. In roughly 85 per cent of countries where prevalence was between 15 and 49 per cent during earlier periods, the level of use subsequently grew by at least one percentage point a year. Prevalence also grew that rapidly in four sub-Saharan African countries - Cameroon, Kenya, Lesotho and Rwanda - and one Asian country, Nepal, where the level of use had been below 15 per cent at the start of the period.

59. The most widely used methods are those used by women: female sterilization, accounting for 30 per cent of contraceptive use world wide, intra-uterine devices (21 per cent) and oral pills (14 per cent). The main male methods, condoms and vasectomy, account respectively for 9 and 8 per cent of contraceptive use, while the main traditional methods, rhythm and withdrawal, together account for about 13 per cent of use (table 7). In most countries, modern contraceptive methods account for nearly all the recent increase in the overall level of contraceptive use. Female sterilization is the method showing the most rapid growth over the recent past in both the developed and the

developing regions, although there is great diversity among countries in both the current mix of methods and recent patterns of change.

60. Recent surveys continue to show declines in the average number of children desired in all the developing regions, and increases in the proportions of women who currently want to stop having children. While the percentages wanting no more children remain much lower in sub-Saharan Africa than in other regions, the percentages increased substantially between surveys conducted in the 1970s and those conducted in the 1980s or early 1990s. Kenya showed an especially large change, with those wanting no more children rising from 17 per cent of married, fecund women in 1977/78 to 54 per cent in 1993. Even though contraceptive prevalence also rose rapidly over the same period - from 7 per cent to 33 per cent of married women - and the total fertility rate fell from the extremely high level of about eight children to about 5.5, the number of unwanted births per woman actually increased from approximately one to two births. Rising gaps between desired and actual fertility have been seen in other countries at an early stage of the fertility transition as well, and available data suggest that this is occurring in many countries in sub-Saharan Africa at present.

61. Most information about reproductive behaviour and attitudes comes from surveys of women, but recently more surveys, notably many of the demographic and health surveys conducted in Africa, have included samples of men as well. A review of contraceptive practice, as reported separately by men and women (United Nations, forthcoming b) shows that in Asia, Latin America and Europe, reports of married men and women on current contraceptive use are usually not far apart, but in most sub-Saharan African countries men report substantially greater use of contraception.

62. Where men report more contraceptive use, the difference in male and female reports is usually due mainly to greater use of condom and rhythm by men. Unmarried men usually report much higher levels of condom use than do married men, even though the overall level of contraceptive practice is higher among the married. The condom is the only method for which use levels are almost always higher for unmarried than for married men. It is not clear from the available information whether men's condom use is mainly motivated by contraceptive concerns or by a desire to avoid the spread of sexually transmitted diseases, and few national surveys so far have inquired about the regularity of such use or use with different sexual partners. None the less, it is clear that, particularly for assessing condom use, it is important to interview men as well as women in order to obtain a comprehensive view of current practice.

2. Policies

63. In the wake of the 1994 International Conference on Population and Development and the renewed focus on the consequences of fertility levels and trends for maternal and child health and social and economic development, 56 per cent of countries in the world report being dissatisfied with their level of fertility. This represents the greatest degree of governmental dissatisfaction with fertility levels since the United Nations began systematically tracking population policies in 1976. In 1976, 47 per cent of

all countries felt that their fertility levels were either too high or too low. In 1994, among the countries categorized as being dissatisfied, 79 per cent feel that the fertility level is too high, while 21 per cent indicate that the level is too low.

64. The dissatisfaction with fertility levels has in most countries been translated into policies that are intended to modify these levels. Of the 110 dissatisfied countries, 80 intervene to lower levels of fertility, while 17 countries have policies in place to raise levels of fertility. Expressing satisfaction with fertility levels, however, has not precluded pursuing an interventionist stance. Of the 80 countries expressing satisfaction, 4 intervene to raise the level of fertility, 29 to maintain the level and 3 to lower it.

65. Disaggregating the data by region indicates distinct regional patterns in the implementation of fertility-influencing policies. The African region, where fertility is highest (5.8 births per woman for the period 1990-1995), displays the greatest propensity towards implementing policies to lower fertility. Sixty-eight per cent of African countries have such policies in place. In Asia, where fertility is substantially lower, 3.0 births per woman, less than one half of the countries (43 per cent) seek to lower fertility. In the European region, which is in the final stage of demographic transition and where 33 of the 43 countries have below-replacement fertility, countries are more likely to pursue either a policy of non-intervention (49 per cent) or a policy to raise fertility (35 per cent). In Latin America and the Caribbean, with fertility at about the same level as in Asia (3.1 births per woman), more than one half of the countries (55 per cent) have policies to lower fertility, while in Oceania, 62 per cent of countries seek to lower fertility.

66. Policies and programmes to modify fertility levels in a number of countries have been accompanied by the establishment of quantitative fertility goals. Based on the results of the Seventh United Nations Population Inquiry among Governments in 1992, of the 127 countries replying to the Inquiry, 45 countries had adopted quantitative fertility targets. For 35 of the countries, the target was expressed in terms of total fertility rate.

67. A preoccupation of Governments has been the problems associated with adolescent fertility. According to the Seventh United Nations Population Inquiry, 59 countries out of 127 specified that child-bearing among women under 20 years of age constitutes a major concern, while an additional 35 countries cite it as a minor concern. To deal with adolescent fertility, 70 countries have implemented programmes in order to promote delayed marriage and child-bearing, through sex education classes, improved educational and employment opportunities and raising the minimum legal age at marriage.

68. Although Government support for access to contraceptive methods is widespread - 81 per cent of Governments provide direct support as of 1994 - serious issues related to the quality and quantity of reproductive health services remain to be resolved. One measure of the magnitude of the unmet demand for family-planning services has been the incidence of unsafe abortion, defined as a procedure for terminating unwanted pregnancy either by persons lacking the necessary skills or in an environment lacking the minimal medical

standards, or both. Long-term consequences of unsafe abortion may include chronic pelvic pain, pelvic inflammatory disease, tubal occlusion, secondary infertility and increased risk of spontaneous abortion in subsequent pregnancies. According to revised estimates prepared by WHO in 1993, approximately 20 million unsafe abortions are performed annually on a global basis, or almost one abortion for every seven births. Bearing in mind the limitations of the data and methodology, substantial variations exist when disaggregating the data by subregion. The incidence of unsafe abortion varies from a high of 30 or more unsafe abortions per 1,000 women aged 15-49 years in Eastern and Western Africa, Latin America and the former USSR to less than two unsafe abortions per 1,000 women aged 15-49 years in Northern Europe and Northern America. Some of the variations in the incidence of unsafe abortion can be explained by the less restrictive nature of abortion provision in Northern Europe and Northern America (11 of 12 countries permit abortion for economic or social reasons), as compared with Eastern and Western Africa and Latin America (two of 45 countries permit abortion for economic or social reasons). Ease of access to abortion services, however, does not guarantee access to safe abortion, as evidenced by the relatively high incidence of unsafe abortion in the former USSR (30 unsafe abortions per 1,000 women aged 15-49 years), despite the availability of abortion on request since 1956.

69. Governments are concerned by the present level of induced abortion. More than one half of the countries replying to the Seventh United Nations Population Inquiry among Governments in 1992 (69 countries out of 127) reported that the Government was concerned by the level of induced abortion in the country.

D. Population distribution

1. Trends

70. At mid-1994, 2.5 billion persons - 45 per cent of the world population - were urban dwellers. Of these, 1.7 billion resided in the less developed regions (figure IV). The world urban population is growing at a rate of 2.5 per cent per annum, three times that of rural populations (0.8 per cent per annum) (table 8). As a result, urban areas are absorbing 61 million persons each year compared with 25 million for rural areas. The United Nations projections indicate that half of the world population will live in urban areas by 2005.

71. Patterns of urbanization differ markedly between the more developed and the less developed regions. In 1994, 75 per cent of the population of the more developed regions and only 37 per cent of those in the less developed regions were urban residents. However, the less developed regions are undergoing a rapid process of urbanization in contrast to the more developed regions where the urbanization process has slowed.

72. From 1975 to 1995, the urban population of the less developed regions increased more than two times, at a rate of 3.8 per cent per annum. From 1995 to 2025, it is expected to increase by 135 per cent, at a rate of 2.9 per cent per annum. By 2025, 57 per cent of the population of the less developed regions is expected to be urban. In contrast, the urban population of the more

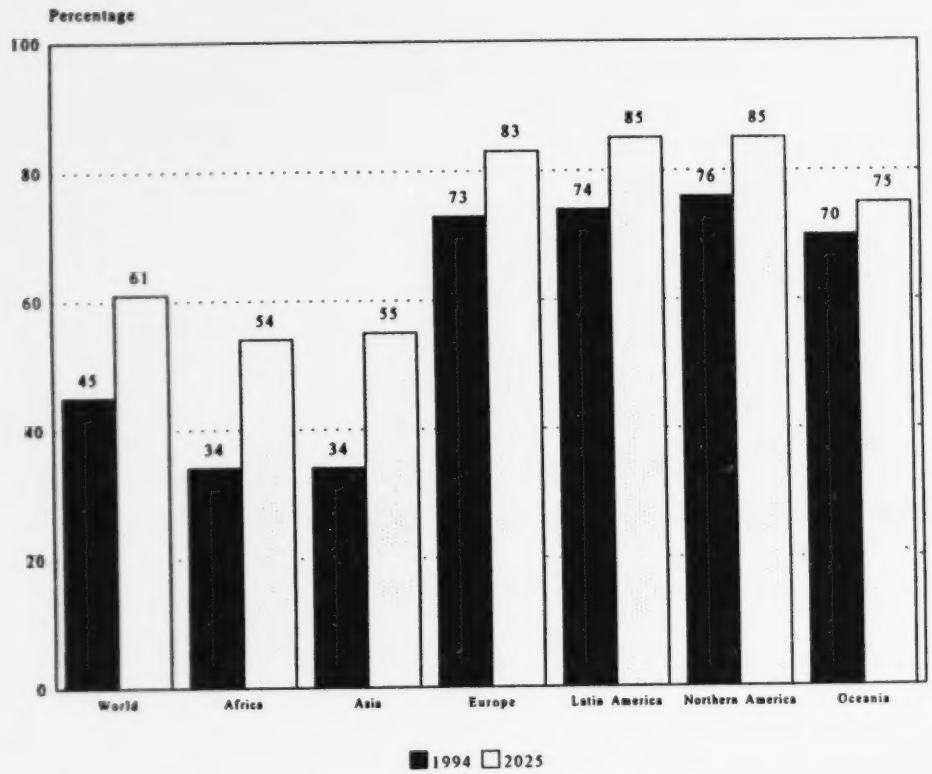
developed regions is growing slowly. From 1975 to 1995, the urban population increased at a rate of less than 1 per cent per annum, and from 1995 to 2025, it is expected to grow at an even slower rate (0.6 per cent per annum).

73. The least developed countries exhibit urbanization patterns that are notably different from the other countries in the less developed regions. In 1994, only 22 per cent of the population of the least developed countries lived in urban areas. The urban population is projected to increase by 4.6 per cent per annum from 1995 to 2025 and, by 2025, 43 per cent of the population of the least developed countries is expected to be urban.

74. One third of the population of Africa and Asia live in urban areas, whereas seven out of every 10 people in Europe, Northern America and Latin America live in urban areas. By 2025, a little more than one of two Africans and Asians are expected to be urban residents, whereas 8 of 10 in Europe, Northern America and Latin America are so projected.

75. According to United Nations figures, Tokyo is currently the largest urban agglomeration in the world, with 26.5 million residents in 1994, more than one and a half times as large as the world's second agglomeration, New York (16.3 million) (table 9). In the list of the largest agglomerations, the first five are Sao Paulo (16.1 million), Mexico City (15.5 million) and Shanghai (14.7 million).

Figure IV. Percentage of population living in urban areas, in 1994 and as projected in 2025



Source: World Urbanization Prospects: The 1994 Revision (United Nations publication, forthcoming).

Table 8. Population growth rate of urban and rural areas of the world and its major regions

(Percentage)

	1975-1995	1995-2025
	Urban population	
World	2.6	2.2
More developed regions	0.9	0.6
Less developed regions	3.8	2.9
Least developed countries	4.9	4.6
	Rural population	
World	1.0	0.1
More developed regions	-0.3	-0.3
Less developed regions	1.2	0.2
Least developed countries	1.4	1.3

Source: World Urbanization Prospects: The 1994 Revision (United Nations publication, forthcoming).

76. The number of mega-cities of 8 million or more inhabitants is increasing rapidly, particularly in the less developed regions. From only two cities in 1950 (New York and London), the number of mega-cities increased to 22 in 1994. Asia has 12 mega-cities, Latin America has four and Africa has two (Lagos and Cairo).

77. The mega-cities in the less developed regions are growing faster than those in the more developed regions. With the exception of Tokyo and Los Angeles, the mega-cities in the more developed regions had an average annual growth rate of 1 per cent or less during the period 1970-1990. However, most of the mega-cities in the less developed regions grew by over 2 per cent per annum.

78. However, only 6 per cent of urban residents live in such mega-cities of 8 million or more persons. In fact, more than half of the world urban population live in small cities of less than 500,000 inhabitants. Projections show that half will still live in those small cities in 2015.

79. The world's rural population is still growing (at an average annual growth rate of 1 per cent between 1975 and 1995), but in smaller and smaller increments. Currently, 3.1 billion of the world population live in rural areas. By 2015, 3.3 billion of the world population are expected to live in rural areas, after which it is projected to decline to 3.2 billion in 2025.

Table 9. The 15 largest urban agglomerations in the world in 1994 and as projected in 2015

Agglomeration	Population in 1994 (millions)	Agglomeration	Population in 2015 (millions)
1. Tokyo	26.5	1. Tokyo	28.7
2. New York	16.3	2. Bombay	27.4
3. Sao Paulo	16.1	3. Lagos	24.4
4. Mexico City	15.5	4. Shanghai	23.4
5. Shanghai	14.7	5. Jakarta	21.2
6. Bombay	14.5	6. Sao Paulo	20.8
7. Los Angeles	12.2	7. Karachi	20.6
8. Beijing	12.0	8. Beijing	19.4
9. Calcutta	11.5	9. Dhaka	19.0
10. Seoul	11.5	10. Mexico City	18.8
11. Jakarta	11.0	11. New York	17.6
12. Buenos Aires	10.9	12. Calcutta	17.6
13. Osaka	10.6	13. Delhi	17.6
14. Tianjin	10.4	14. Tianjin	17.0
15. Rio de Janeiro	9.8	15. Metro Manila	14.7

Source: World Urbanization Prospects: The 1994 Revision (United Nations publication, forthcoming).

2. Policies

80. In 1994, 25.3 per cent of the 190 United Nations Member and observer States considered their patterns of population distribution to be satisfactory, while 75 per cent expressed dissatisfaction. Those figures, however, represent an improvement over the 1990 figures: 19 per cent were satisfied with their population distribution, while 81 per cent desired major or minor changes.

81. The African Governments continue to show the most dissatisfaction with population distribution: 11 per cent considered current patterns satisfactory, whereas 66 per cent expressed the desire for major changes in their distribution patterns. In its statement at the International Conference on Population and Development, held in Cairo in 1994, the Central African Republic commented on the country's unequal spatial distribution and rapid urban growth, which was difficult to manage and had led to social and cultural crises. The Gambia noted

that the high rate of rural-urban migration was a great concern for the Government; the outflow had contributed towards aggravating congestion, worsening sanitary conditions, increasing unemployment and its effects on youth, and putting excessive pressure on social infrastructure in urban areas, as well as producing labour shortages in the rural areas. Namibia, with an urban growth rate of 5 per cent, reported at the Cairo Conference that the increasing rate of rural-to-urban migration was an unfortunate trend which was leaving farm work increasingly in the hands of women and children, as the men moved to the towns and cities in search of elusive wage-earning employment. Likewise, Zaire noted that the rural exodus had increased tensions in the country's urban centres (it further noted that Rwanda was a cautionary example in this regard). In regard to population distribution policies, Angola reported that it was supporting regional and urban development strategies to de-intensify the exodus from rural areas and to reduce locational disparities. One of the least urbanized countries in the world, Kenya, noted that its policy sought to increase urbanization, while at the same time addressing the problem of the country's sparsely populated marginal lands, which were experiencing desertification.

82. In Asia, 39 per cent of Governments desired major change, but a larger number (45 per cent) felt that minor changes would be sufficient. In its statement at the International Conference on Population and Development, the Lao People's Democratic Republic noted that geographical distribution was very dispersed and unequal, with about 85 per cent of the country's population living in rural areas and practising subsistence agriculture. Over the past three decades, the Republic of Korea noted that it had experienced much higher population concentration in large cities, particularly in the Seoul metropolitan area, which had resulted in chronic overpopulation in urban areas as well as unequal regional development. Mongolia noted that the Government followed a policy of preventing depopulation by developing social services in remote rural areas. At the same time, it is also promoting concentration in the cities in order to maintain a harmonious combination of nomadic and city-dweller's lifestyles. Thailand noted that rural-to-urban migration was associated with related problems ranging from worsening traffic to cramped living conditions, and from reproductive health and fertility to environmental degradation. In its efforts to promote balanced development, the Government noted that it had formulated strategies for decentralized growth and the establishment of economic activities outside the major urban centres such as Bangkok.

83. In Europe, where 44 per cent of Governments considered their current population distribution to be satisfactory, Albania noted that, following liberalization, rapid and uncontrolled urbanization had led to difficulties with employment, housing, health and the environment. With the objective of harmonizing spatial distribution with its general strategy of development, the Government envisioned a series of social measures to better integrate migrants in the urban milieu and to facilitate their access to work, by offering them low-interest loans, education and health services, without interrupting efforts to encourage investment to improve infrastructure and increase production in rural areas. In Croatia, the number of refugees and displaced persons was at a critical level of almost 10 per cent of the total population; the Government noted that the war had introduced a new term to the demographic terminology, i.e., "ethnic cleansing"; the term meant a planned strategy of terror and

violence, including arbitrary killings and the harassment of people into leaving their homes, with a view to creating nationally homogeneous territories.

84. In Latin America, where 48 per cent of Governments felt that major changes were desirable, the Bahamas noted the difficulty of the archipelagic structure of the country, which required replication of basic services (e.g., health and education) to all the islands. El Salvador noted that it was in the process of preparing the ordering and territorial development bill; it was also concerned with providing attention to the uprooted, demobilized and repatriated population, caused by the recent armed conflict, and promoting their integration into society through the national reconstruction plan. Bolivia was promoting a hierarchical system of cities in order to bring about integrated urban regional development based on land-use plans, to reduce the high rates of urban growth through promotion of intermediate cities. Peru noted that it was tackling the problem of internally displaced persons; between 1983 and 1992, 600,000 persons, or 120,000 families, had been obliged to migrate as a result of terrorist violence; at present, with the decrease in violence, one of the principal actions was the return of those populations or ethnic groups to their places of origin.

85. In Oceania, Papua New Guinea noted that the country was experiencing what many developed countries went through during the early industrial revolution, with rural-to-urban migration by those in search of formal cash employment; the country needed international support to encourage jobs in rural areas, where people could enjoy a far better life, while contributing effectively to the national economy. The Government of Tuvalu reported that its population policy took into consideration rural-to-urban migration and the effect it was having on traditional lifestyles; moreover, the policy sought to promote management of land resources in a manner that was consistent with patterns of population distribution.

E. International migration

1. Trends

86. Over the past decade, international migration has been the demographic process most clearly affected by the momentous changes in the world order. Thus, the disintegration of nation States has given rise overnight to population groups that can henceforth be considered international migrants. In addition, the conflict that has accompanied the disintegration of some States has led to very visible and substantial flows of refugees, asylum-seekers and displaced persons that have brought migration issues to the forefront of the international agenda. However, such developments have yet to be translated into better monitoring systems for the quantification of international migration. Consequently, the information available on recent developments is still sketchy. Indeed, even for earlier periods, the available estimates of international migration are generally partial (referring to only a few countries or regions) and lack comparability; hence, the importance of having a set of comparable estimates for the world as a whole. Such estimates have now been derived for the years 1965, 1975 and 1985. Consequently, before focusing on the most recent

period, the nature of those global estimates and the migration trends that they reveal are considered first.

87. Estimates of the stock of international migrants present in each country of the world as of early 1965, 1975 and 1985 have been derived from information on the size of the foreign-born population (or, in some cases, the foreign population) enumerated by the censuses of different countries and from information on the number of refugees present in the developing countries. At the world level, the estimates obtained indicate that the stock of international migrants increased from 76 million persons in 1965 to 85 million in 1975 and reached 106 million by 1985 (table 10). Consequently, the annual rate of growth of the international migrant stock increased from 1.1 per cent during 1965-1975 to 2.2 per cent during 1975-1985, indicating that already by the mid-1970s the rise in international migration was gaining speed. However, the experience of developed and developing countries contrasted markedly. Thus, whereas the annual growth rate of the international migrant stock in the developed countries increased only moderately, passing from 2 per cent per annum during 1965-1975 to 2.2 per cent during 1975-1985, that of migrants in the developing countries increased nearly sixfold, rising from 0.4 per cent during 1965-1975 to 2.2 per cent during 1975-1985. The rapid growth of the migrant stock in the developing world was largely accounted for by the rapid increase in the number of international migrants in Southern Asia, and in Northern Africa and Western Asia. In the former, the outflow of some 4.4 million Afghans after the invasion of their country in 1979 by Russian forces led to major concentrations of refugees in the Islamic Republic of Iran and Pakistan and largely accounted for the increase recorded in the region. In Northern Africa and Western Asia, the stock of international migrants grew as a result of the increasing number of migrant workers imported by the oil-producing countries of the region, especially by the members of the Gulf Cooperation Council.

88. Despite the rapid growth of the number of international migrants in the developing countries, by 1985 they accounted for only 55 per cent of the world's migrant stock, whereas their host countries accounted for 76 per cent of the world population. Consequently, the proportion of international migrants among the total population of developing countries remained low (they constituted 1.6 per cent of the total). In contrast, international migrants constituted 4.1 per cent of the population of developed countries. Thus, proportionately, international migration continued to have greater import for the developed world.

89. As table 10 indicates, there was considerable variation in the growth and distribution of international migrants among the major world regions. By 1985, Europe and Northern America were hosting the largest concentrations of international migrants, amounting to 23 million and 20 million, respectively. In Northern America, the United States alone hosted 16.5 million migrants, a number that included the majority of the nearly 3 million undocumented migrants whose status was later regularized by the Immigration Reform and Control Act of 1986. In the developing world, Southern Asia had 19 million international migrants as of 1985, followed by Northern Africa and Western Asia, with 13 million, and by sub-Saharan Africa, with 11 million. The estimates for both Southern Asia and sub-Saharan Africa included all the refugees that, according

to the Office of the United Nations High Commissioner for Refugees (UNHCR), were present in the respective regions in 1985.

Table 10. Key indicators about trends in migrant stock, by region, 1965, 1975 and 1985

Region	Estimated foreign-born population (thousands)			Percentage distribution by region			Percentage of total population			Annual rate of change		
	1965	1975	1985	1965	1975	1985	1965	1975	1985	1965-1975	1975-1985	1965-1985
World	75 934	84 636	105 537	100.0	100.0	100.0	2.3	2.1	2.2	1.1	2.2	1.6
World, excluding China and the former USSR	75 527	84 183	105 050	99.5	99.5	99.5	3.2	2.9	3.0	1.1	2.2	1.6
Developed countries	31 398	38 342	47 915	41.3	45.3	45.4	3.2	3.5	4.1	2.0	2.2	2.1
Developing countries	44 535	46 294	57 623	58.7	54.7	54.6	1.9	1.6	1.6	0.4	2.2	1.3
Sub-Saharan Africa	7 122	10 335	11 290	9.4	12.2	10.7	3.0	3.3	2.7	3.7	0.9	2.3
Southern Asia	18 700	15 565	19 156	24.6	18.4	18.2	2.8	1.9	1.8	-1.8	2.1	0.1
Eastern and South-eastern Asia	7 580	7 421	7 486	10.0	8.8	7.1	1.9	1.5	1.2	-0.2	0.1	-0.1
Northern Africa and Western Asia	5 464	7 437	13 390	7.2	8.8	12.7	4.0	4.2	5.7	3.1	5.9	4.5
Northern America	12 680	15 018	20 435	16.7	17.7	19.4	6.0	6.3	7.8	1.7	3.1	2.4
Caribbean and Central America	453	533	854	0.6	0.6	0.8	2.0	2.0	2.7	1.6	4.7	3.2
South America	5 359	5 167	5 602	7.1	6.1	5.3	2.4	1.8	1.5	-0.4	0.8	0.2
Europe	15 617	19 382	22 952	20.6	22.9	21.7	3.5	4.1	4.7	2.2	1.7	1.9
Oceania	2 552	3 324	3 884	3.4	3.9	3.7	14.8	15.9	16.0	2.6	1.6	2.1

Source: Trends in Total Migration Stock, 1993 (a database maintained by the Population Division of the Department for Economic and Social Information and Policy Analysis of the United Nations Secretariat).

90. Interestingly, the number of international migrants in Eastern and South-eastern Asia, a region that includes China and Japan, was relatively low in 1985 (7.5 million) and had remained stable since 1975. As of 1985, however, labour shortages in the newly industrializing countries of the region are known to have fuelled increased migration to the region. According to some estimates, in the early 1990s, Japan would be hosting nearly 300,000 undocumented migrants in addition to the million or so foreign residents legally present in the country; Taiwan Province of China would have about 45,000 undocumented migrants; in the Republic of Korea, a regularization drive carried out in 1992 produced 61,000 applications; and in Malaysia, 320,000 undocumented migrants applied for legalization under an amnesty programme operating in 1992 (Stalker, 1994). Such numbers indicate that, despite their reluctance to import foreign workers, the rapidly growing economies of the region may have to do so if they are to remain competitive.

91. Lastly, table 10 shows that the number of international migrants grew moderately in South America since 1975 and more markedly in Central America and the Caribbean. Migration within the latter region was largely the result of the civil strife and conflict that reigned in Central America during the 1980s and that has largely abated during the 1990s.

92. Most of the figures cited above fail to reflect the changes that have taken place in international migration flows since 1985 when the processes that led eventually to the end of the cold war and the democratization of the Governments of Eastern and Central Europe and the former USSR began to have an effect on international migration dynamics. As countries in transition relaxed their exit regulations, a growing number of their citizens found their way to Western, Southern and Northern European countries with market economies where they sought asylum under the tenets of the waning cold war or were admitted as immigrants under special categories. The latter categories include the Aussiedler admitted by the Federal Republic of Germany, a group consisting of persons of German descent originating in countries other than the former German Democratic Republic, and the Pontic Greeks, that is, persons of Greek descent originating mostly in the former USSR and being admitted by Greece. During 1985-1990, the Federal Republic of Germany admitted 1.1 million Aussiedler from countries in transition. Indeed, the increase in Aussiedler admissions was so fast after 1988 that, once Eastern and Western Germany were reunified, the Government of Germany imposed limits on the number that it would admit annually and embarked on projects to provide persons of German descent living in countries in transition with alternatives to emigration. Also indicative of the growth of East-West migration during the 1980s was the fact that out of the 1.3 million persons filing asylum applications in market-economy countries during 1983-1989, 30 per cent originated in countries in transition.

93. The breakup of the USSR brought about increased concern about the possibilities of further migration directed to developed countries with market economies. Although large East-West flows have failed to materialize, there have nevertheless been important changes in the migration dynamics of the region, paramount among which is the growing migration directed to the Russian Federation as ethnic Russians "return" from other successor States. In addition, flows of refugees or forced migrants between successor States experiencing ethnic conflict have been growing and there are reports of new migration flows directed to certain Central and Eastern European countries. Thus, 35,000 citizens of the former Soviet Union, 20,000 Romanians and up to 10,000 persons from Bulgaria and the former Yugoslavia were reported to be present illegally in the Czech Republic and Slovakia in 1992 (Stalker, 1994).

94. Since 1990, the major source of migrants in Europe has been the former Yugoslavia, whose dissolution has involved armed conflict in Croatia and Bosnia and Herzegovina and has led to the largest movement of war victims and internally displaced persons in Europe since the Second World War. As of mid-1994, UNHCR estimated that the number of persons in need of protection inside the former Yugoslavia stood at 3.8 million, 2.7 million of whom were in Bosnia and Herzegovina and half a million in Croatia (United Nations, 1994a). In addition, several countries had provided temporary asylum to persons from the former Yugoslavia, including Austria, Germany, Hungary, Sweden, Switzerland and Turkey, all of which were hosting some 360,000 such persons in 1992.

95. Africa is another region that continues to be afflicted by conflict. In 1994 it was hosting an estimated 6 million refugees, the majority of whom were in Eastern Africa. Although some positive developments, such as the independence of Eritrea in 1993 and the elections in Mozambique, are making possible the repatriation of refugees (90,000 in the case of Eritrea), conflict continues to uproot people. The crisis in Somalia, for instance, led to an estimated outflow of 1 million Somalis, about a quarter of whom have since returned, and to the repatriation of half a million Ethiopian refugees. The Sudan, which is reported to be hosting 840,000 refugees, is itself the source of 350,000 refugees who have found asylum in the Central African Republic, Ethiopia, Kenya and Zaire (del Mundo, 1994). In addition, upheavals in Burundi, Rwanda and Togo have led to massive population outflows, especially in the case of Rwanda, where the death of the President in April 1994 triggered ethnic violence that left thousands dead within a few weeks. Large numbers of Rwandese sought refuge in neighbouring countries and the majority of the 300,000 Burundi refugees who had fled to Rwanda in 1993 were forced to leave.

96. In Asia, the repatriation of Afghan refugees from the Islamic Republic of Iran and Pakistan led to a reduction of their numbers from 6.2 million in early 1990 to 4.5 million in early 1993. However, continued fighting in Afghanistan has prevented full repatriation from taking place. In a further positive development, an agreement reached in 1993 between the Governments of Bangladesh and Myanmar has paved the way for the repatriation of some 250,000 citizens of Myanmar who sought refuge in Bangladesh during 1991-1992.

2. Policies

97. Several important world events have contributed to a number of significant changes in international migration policies since the previous assessment in World Population Monitoring, 1993 (United Nations, forthcoming e), when the Gulf crisis and the rapid turnover of events in Eastern Europe and the former Soviet Union predominated.

98. World events during the period 1992 to 1994 centred around a number of countries, including Cuba, Haiti, Rwanda and Yugoslavia. Civil wars, unrest and political instability precipitated unprecedented mass immigration movements throughout Europe and Africa, and much smaller flows within Latin America and to the United States.

99. The West experienced an increase in racial and cultural tensions as a result of the steadily rising numbers of foreigners competing for employment, housing and basic services in a period of global economic decline and high unemployment. Indeed, racism and xenophobia increased as public hostility rose towards the mass influx of immigrants. In Africa, the financial burden of hosting the ever-growing number of refugees put a strain on the practice of granting asylum to large numbers of persons seeking refuge. The massive flow of immigrants also had a significant impact on national policies. An increasing number of Governments began to reconsider their immigration policies and to introduce legislation designed to meet short-term national preferences to keep foreigners out. By the end of 1993, many countries had already instituted entry restrictions for various categories of migrants, rejection of asylum applicants

from "safe countries" and the swift expulsion of persons who arrive at the border without proper documentation. Changes in asylum legislation were introduced to streamline the asylum process and to eliminate fraudulent claims, as it was widely believed that asylum applications were increasingly becoming a substitute for regular migration.

100. Indeed, compared to less than a decade ago, an ever-increasing number of countries wish to maintain or to lower immigration levels (table 11).

Table 11. Governments' policy towards the level of immigration, 1986-1994

(Percentage of countries)

Year	Raise	Maintain	Lower	Total	Number of countries
1986	3.5	77.1	19.4	100.0	170
1989	4.7	63.7	31.8	100.0	170
1994	4.7	62.7	32.6	100.0	190

Source: The Population Policy Data Bank maintained by the Population Division of the Department for Economic and Social Information and Policy Analysis of the United Nations Secretariat.

101. The continent of Africa continues to be characterized by high rates of international migration. Indeed, cross-border movements are a common site as each day hundreds of thousands of Africans cross international borders without going through any formalities. These migrations are part of natural movements of people belonging to the same ethnic group in a region where political borders cut across territories of homogeneous population groups. Africa also has the world's largest refugee population, with some 6 million persons fleeing violence aggravated by drought and increased poverty. This situation is exacerbated by the fact that vast numbers of refugees are hosted primarily by a small number of poor countries. In Rwanda, for example, in a 24-hour period in July 1994, more than half a million people fled the advancing rebel army and sought refuge in neighbouring Zaire. Many African countries are concerned about the number of non-nationals living within their borders.

102. Asia remains an important source of permanent immigrants, refugees and contract-labour migrants to other parts of the world. China seeks to reduce the flow of immigration for permanent settlement, while maintaining the flow of persons on work permits and their dependants, and refugees and asylum-seekers. India has a policy of encouraging non-resident Indians to return with their capital and expertise and be an asset to the nation. Its policy towards illegal immigrants is to repatriate them to their countries of origin. The Government of Japan seeks to increase the flow of persons on non-permanent work permits. In an attempt to halt the proliferation of squatter settlements, the Malaysian

Government has ruled that employers who hire foreign workers must show proof that they can provide satisfactory housing for them; if they fail to do so, the Immigration Department will not approve the employer's application for foreign workers. Furthermore, all foreigners who wish to become employed in Malaysia must undergo medical tests in their home countries. Among the most recent refugee policy developments in Asia was the setting of a target date by the Comprehensive Plan of Action for Indo-Chinese Refugees for the return to Viet Nam of all screened-out Vietnamese asylum-seekers by the end of 1995. Repatriation continued to predominate in the region in 1993; among the more successful cases was the repatriation of Cambodian refugees from Thailand.

103. Faced with a growing number of both legal and illegal migrants, a number of European countries passed more restrictive immigration legislation designed to curb the flow of immigrants and asylum-seekers. The Fifth Conference of European Ministers Responsible for Migration Affairs (1993) stressed the need for a comprehensive policy to moderate migration flows and for measures to combat racism, xenophobia and intolerance. In February 1994, the European Union issued a Communication from the Commission to the Council and the European Parliament, in which it called for action in three key areas: treating the causes of migration pressure, controlling migration flows and improving the integration of legal migrants into their host countries.

104. In Latin America, the Government of Brazil seeks to increase the number of refugees and asylum-seekers entering the country, while maintaining the flow of permanent immigrants, those on non-permanent work permits and their dependants. In Mexico, the current government policy is to reduce the flow of permanent immigrants, dependants of persons on work permits, and refugees and asylum-seekers, while maintaining the flow of persons on non-permanent work permits. Brazil and Mexico seek to reduce what both Governments consider high levels of emigration. UNHCR programmes in the region during 1993-1994 included the repatriation of Chilean and Guatemalan refugees, an accelerated influx of African refugees to Brazil, the implementation of Quick Impact Projects in Belize, El Salvador and Guatemala, and training and productive activities that targeted refugee and returnee women.

105. Recent policy developments in Northern America included the temporary Diversity Transition Program in the United States, which provides 40,000 visas annually to aliens from 34 countries that were identified as "adversely affected" by changes in United States immigration law in 1965. Operating as a lottery, this three-year programme (1992-1994) selects persons from applications mailed to the Immigration and Naturalization Service. Although it does not create a common market for the movement of labour, nor does it address permanent or illegal migration to the United States, the North American Free Trade Agreement (NAFTA), the top policy issue in the United States in 1993, facilitates the entry of business visitors, traders and investors, and intra-company transferees. Also making headlines in 1994 was the United States policy towards Haitian refugees. New immigration legislation that came into force in Canada in early 1993 contains a number of key provisions: it authorizes the Government to place limits, for a certain period, on an immigrant's geographical mobility to employ his or her skills in areas where they are most needed; provides tighter control over the entry of illegal migrants through improved border controls; sets penalties for airlines that

transport passengers without the required travel documents; and introduces a new one-step refugee determination system that aspires to process claims within six months.

106. Australia remains the major receiving country in Oceania. In response to a growing concern about persons who enter the country illegally or who attempt to evade immigration regulations, Australia passed the Migration Reform Act in 1992, which simplifies immigration documentation, making non-citizens accountable to a single authority for permission to enter or to remain in the country, and clarifies the rules for detaining individuals. A new immigration policy in May 1994 increased the level of immigration by 10,000-73,000 persons annually.

II. POPULATION AND THE ENVIRONMENT: LAND-CARRYING CAPACITY

107. The United Nations Conference on Environment and Development, held at Rio de Janeiro in 1992, recognized that population factors are among the significant forces that affect the environmental resource base upon which sustainable development ultimately depends (United Nations, 1993). Agenda 21, which was adopted at that Conference, set forth several important objectives aimed at integrating demographic trends and factors in the global analysis of environment and development issues. Agenda 21 observed that quantitative assessments of the relative role of population factors in environmental degradation largely remained to be done. In this context, the monitoring of population trends takes on a particular importance. One approach recommended by Agenda 21 is to make an assessment of the national population-carrying capacity. The land-carrying capacity is the maximum population that can be sustainably supported in a given country or area by agricultural activities. Carrying capacity depends primarily on the land agro-climatic characteristics and on the technology used.

108. A landmark attempt to assess potential population-supporting capacity at the national level was a 1982 study carried out by the Food and Agriculture Organization of the United Nations (FAO) and the International Institute for Applied Systems Analysis (IIASA) (Higgins and others, 1982). The results of this study indicated that by the year 2000, 57 per cent of the 117 countries considered would be unable to meet their food needs under low-technology input assumptions. This study fuelled considerable controversy as to whether the concept of carrying capacity should be used to study the interactions between population, resources, development and the environment.

109. Recently, estimates of carrying capacity have been prepared at the subnational level in several countries. In Asia, the carrying capacity of Palawan Island in the Philippines was calculated by ecological zone (Western, 1988). Estimating carrying capacity turned out to be difficult because human resource consumption per capita varies since people control to some extent the natural resources they depend upon. At the same time, they may reduce carrying capacities by environmental mismanagement. The case-study of Palawan was chosen because it was recently subjected to rapid population growth owing to in-migration from other islands where plantation operations collapsed and political strife exists. Current population and land-use trends were projected

into the future for six ecological zones (shore, mangroves, lowlands, low hills, steep hills and mountains) under three different scenarios (maximum development, maximum conservation and a compromise between the two). The results indicated that steep hills and mountain zones would be subject to the greatest environmental degradation in the future and that the compromise scenario was best. The results of the simulation also suggested the need to direct settlement away from highland zones and to seek a balance between conservation and development.

110. In Africa, carrying-capacity estimates have been prepared for eastern Kenya (Bernard and others, 1989). Although the majority of the Kenyan population is rural, only 17 per cent of the land in Kenya has medium- or high-agricultural potential. Colonial policies exacerbated this situation by concentrating the limited high-potential agricultural land in large-scale farms and ranches and low-potential land in native reserves. This has resulted in higher population densities on the least productive land, while other potentially productive areas remain sparsely populated and underexploited. Population pressures on former reserves have resulted in out-migration to the less fertile arid and semi-arid lands in eastern Kenya where rapid population growth (approximately 2.5-3 per cent per annum) has ensued. The projections of carrying capacity for eastern Kenya accounted for density patterns, agro-ecological zones, minimum farm size needed to sustain an average household each year (calculated by considering food-crop yields and calories derived from food crops), total area, and cultivable area. Projections were made under three technology scenarios (current low levels, intermediate levels drawing on some use of intensive technologies, and high-technology levels involving the extensive use of intensive technologies and conservation) and three population growth scenarios (2.0, 2.5 and 3.0 per cent per annum). Results indicated that, even under the most optimistic combinations of high technology and low population growth, carrying capacities would be surpassed in all districts of eastern Kenya by 2020. A main conclusion of this study is that eastern Kenya's limited resource base and rapid rate of population growth require comprehensive rural and regional development planning.

111. In Mexico, a series of regional carrying-capacity calculations were carried out, resulting in estimates for 205 micro-regions of the country (García de Alba, 1993). According to those estimates, over one third of the country, mainly the Pacific coastal area, has the capacity to absorb additional population and further develop agricultural, fishing and livestock resources. Another third of the country, mainly parts of the north and east, is capable of supporting its current population. The final third of the country, consisting mainly of arid regions in the north and centre, has a very low capacity for absorbing additional population.

112. Criticisms of the concept of carrying capacity have pointed out that it does not adequately account for the potential impact of technological change, aspirations for higher standards of living, possibilities for and effects of international trade, and institutional, social, economic and political constraints on land use and production. On the other hand, advocates of carrying-capacity studies claim that the concept of carrying capacity continues to have relevance as a heuristic device and that new attempts to calculate

carrying capacities have more effectively taken into account variations in institutional and socio-economic factors.

Notes

1/ Western Asia now also comprises Armenia, Azerbaijan and Georgia. The present estimates are not comparable to those presented in the 1992 Revision.

2/ Southern Asia, now called South-central Asia, includes the following additional countries: Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan. The present estimates are not comparable to those presented in the 1992 Revision.

3/ Current data for the other high-fertility country, Haiti, are not available. In 1988/89, Haiti experienced a TFR of 5.8 (United Nations, forthcoming c).

4/ Comprising Europe, Northern America, Japan and Australia-New Zealand.

5/ The regional estimates for Europe are not comparable with previous estimates as new independent countries are now included in several European subregions. Eastern Europe also comprises Belarus, the Czech Republic, Slovakia, the Republic of Moldova, the Russian Federation and Ukraine. Southern Europe also comprises Bosnia and Herzegovina, Croatia, Slovenia, the Former Yugoslav Republic of Macedonia and Yugoslavia.

6/ In Eastern Europe, only the Republic of Moldova is expected to experience population replacement (2.1) in 1990-1995 (United Nations, forthcoming a, table A19).

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